SERFF Tracking Number:	*PRGS-125376181*	*State:*	*Arkansas*
Filing Company:	*Progressive Direct Insurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*L071064-AR-AU-D*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*Auto*		
Project Name/Number:	*DDA Application 4905 & Cancellation Refund End Z357/L071064-AR-AU-D*		

Filing at a Glance

Company: Progressive Direct Insurance Company

Product Name: Auto	SERFF Tr Num: PRGS-125376181	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT $50
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: L071064-AR-AU-D	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: Pdpg 4	Disposition Date: 12/13/2007
	Date Submitted: 12/04/2007	Disposition Status: Approved
Effective Date Requested (New): 02/22/2008		Effective Date (New): 03/28/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: DDA Application 4905 & Cancellation Refund End Z357	Status of Filing in Domicile:
Project Number: L071064-AR-AU-D	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/13/2007	
State Status Changed: 12/13/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

The Arkansas Direct Application - Form 4905 AR (12/07) replaces Form 4905 AR (01/05) that was approved on April 22, 2005 in your File # AR-PC-05-014386. A comparison document is included to assist with your review.

The Cancellation Refund Endorsement - Form Z357 (01/07) will modify the Arkansas Auto Policy, Forms 9610A AR (05/07) and 9610D AR (05/07), which were approved on December 3, 2007, in Arkansas File # AR-PC-07-026393. This endorsement changes the cancel refund methodology by eliminating the policy fee and providing that all refunds will be made on a daily pro-rata basis.

SERFF Tracking Number:	*PRGS-125376181*	*State:*	*Arkansas*
Filing Company:	*Progressive Direct Insurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*L071064-AR-AU-D*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*Auto*		
Project Name/Number:	*DDA Application 4905 & Cancellation Refund End Z357/L071064-AR-AU-D*		

Company and Contact

Filing Contact Information

Emily A. Vlasich, Corporate Counsel

emily_a_vlasich@progressive.com

6300 Wilson Mills Rd, N72B

(440) 395-2456 [Phone]

Mayfield Village, OH 44143

(440) 395-3791[FAX]

Filing Company Information

Progressive Direct Insurance Company

6300 Wilson Mills Rd, N72

Cleveland, OH 44143

(440) 461-5000 ext. [Phone]

CoCode: 16322

State of Domicile: Ohio

Group Code: 155

Company Type:

Group Name:

State ID Number:

FEIN Number: 34-1524319

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Progressive Direct Insurance Company	$50.00	12/04/2007	16933040

SERFF Tracking Number:	PRGS-125376181	State:	Arkansas
Filing Company:	Progressive Direct Insurance Company	State Tracking Number:	EFT $50
Company Tracking Number:	L071064-AR-AU-D		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Auto		
Project Name/Number:	DDA Application 4905 & Cancellation Refund End Z357/L071064-AR-AU-D		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	12/13/2007	12/13/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Change of Effective Date	Note To Reviewer	Pdpg 4	02/14/2008	02/14/2008

SERFF Tracking Number:	*PRGS-125376181*	*State:*	*Arkansas*
Filing Company:	*Progressive Direct Insurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*L071064-AR-AU-D*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*Auto*		
Project Name/Number:	*DDA Application 4905 & Cancellation Refund End Z357/L071064-AR-AU-D*		

Disposition

Disposition Date: 12/13/2007

Effective Date (New): 03/28/2008

Effective Date (Renewal):

 - Effective Date (New) changed from 02/22/2008 to 03/28/2008 by Grissom, Alexa on 02/19/2008.

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PRGS-125376181	State:	Arkansas
Filing Company:	Progressive Direct Insurance Company	State Tracking Number:	EFT $50
Company Tracking Number:	L071064-AR-AU-D		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Auto		
Project Name/Number:	DDA Application 4905 & Cancellation Refund End Z357/L071064-AR-AU-D		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Form	Arkansas Direct Application		Yes
Form	Cancellation Refund Endorsement		Yes

SERFF Tracking Number:	*PRGS-125376181*	*State:*	*Arkansas*
Filing Company:	*Progressive Direct Insurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*L071064-AR-AU-D*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*Auto*		
Project Name/Number:	*DDA Application 4905 & Cancellation Refund End Z357/L071064-AR-AU-D*		

Note To Reviewer

Created By:

Pdpg 4 on 02/14/2008 08:40 AM

Subject:

Change of Effective Date

Comments:

Please be advised that the effective date of this form filing has been changed from February 22, 2008, to March 28, 2008.

Thank you.

SERFF Tracking Number:	PRGS-125376181	State:	Arkansas
Filing Company:	Progressive Direct Insurance Company	State Tracking Number:	EFT $50
Company Tracking Number:	L071064-AR-AU-D		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Auto		
Project Name/Number:	DDA Application 4905 & Cancellation Refund End Z357/L071064-AR-AU-D		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Arkansas Direct Application	4905 AR	12/07	Application/ Replaced Binder/Enro llment	Replaced Form #: 4905 AR (01/05) Previous Filing #: AR-PC-05-014386	0.00	4905 AR 12-07 1c.pdf 4905 AR 12-07 1r.pdf
	Cancellation Refund Endorsement	Z357	01/07	Endorseme nt/Amendm ent/Conditi ons	New		0.00	Z357 - 1c.pdf

Application for Insurance

Note: The heading below will not print for customers who e-sign.

Please review, sign where indicated and return

Note: The heading below will print for customers who e-sign.

Please review and sign where indicated

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.

Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXX
May 10, 2002
Page x of x "Page x of x" will not print for e-sign.

Note: For customers who sign the app electronically, "for policy number 99999999-9" will print if available.

Policy and premium information for policy number 99999999-9

Note: The name and address of the actual insuring entity will print below.

Insurance company:	XXXXXXXXXXXXXXXXX XXXXXXXXXX XXXXXXXXXX, XX 99999
Named insured:	XXXXX XXXXXXXXXXXXXX 999 MAIN RD CLEVELAND, OH 99999 Home: 999-999-9999

Note: The field below will print when credit has been pulled. The name and phone number of the vendor will print.

Financial responsibility vendor:	XXXXXXXXXXXXXXX 999-999-9999

Programming note: Print "Policy period:" and "Effective date and time" with dates and times if initial payment has been made. Always print for OOSM.

Policy period:	May 10, 2002 – Nov 10, 2002

Note: If the sale date is the same as the effective date, show the effective time followed by "ET" i.e. 2:30 PM ET. If the effective date is in the future, show the time as "12:01 A.M."

Effective date and time:	May 10, 2002 at 12:01 A.M.

Programming note: Print "Effective date and time" with sentence if initial payment has NOT been made. Will not print for OOSM.

Effective date and time:	Your policy will be effective when your required initial payment is submitted or at a later date of your choice.
Total policy premium:	$9,999.00
Initial payment required:	$9,999.03

Programming note: Print "Initial payment received" if initial payment has been made. Always print for OOSM.

Initial payment received:	$0.00
Payment plan:	xxxxx (The selected payment plan will print here)

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXX

XXX   XXXXXXXXXXXXXXX

Page x of x

"Page x of x" will not print for e-sign.

Note: This section below will always print with the exception of Named Operator policies. Education level will print for the named insured and named insured's spouse when there is a valid value other than the default value of 'X'. The Education label and the variable text will not print if the default value is 'X'.

Drivers and resident relatives

You, your spouse and all resident relatives XX years of age or older, all regular drivers of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below.

Name	Date of birth	Sex	Marital status	Relationship
XXXX XXXXXXXXXXXXXXX	Oct 12, 1969	Male	Single	Insured

Driver status: XXXXXX

Education level: XXXXXXXXXXXXXX

Note: The section below prints only when there is a driver with a filing.

Driver filing

Name	Filing type	State	Case number
XXXXX XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	OH	9999999999

Note: The section below prints only when there is a named operator. The named operator field should print the insured's first and last name. The Additional information field should print 'Named insured'.

Named operator

	Additional information
XXXXXXXX XXXXX	Named insured

Note: The section below will print the general policy coverages selected by the insured when there is a named operator policy.

Outline of coverage

General policy coverage	Limits	Deductible	Premium
Liability To Others			$xxx
Bodily Injury Liability	$xx,xxx each person/$xx,xxx each accident		
Property Damage Liability	$xx,xxx each accident		
Personal Injury Protection	Rejected		xx
Uninsured Motorist	Rejected		xx
Underinsured Motorist	Rejected		xx
Subtotal policy premium			**$xx**
SR 22 driver filing fee			xx
Total xx month policy premium (Note: The variable text represents either '6' or '12')			**$xxxxx**

Note: The section below prints the coverages selected by the insured. Rejected coverages that require a signature will also print below with the exception of PDO policies. This section will not print for Named Operator policies.

Outline of coverage

Note: The message below regarding policy limits needs to print directly underneath the "Outline of coverage" heading when there is more than one vehicle on the policy and at least one vehicle has Liability coverage. This message will not appear when every vehicle on the policy is PDO or when the policy is a Named Operator policy.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Note: The vehicle information should not print when a policy is a named operator.

2002 ACURA MDX 4 DOOR MPV

VIN: **XXX22222222222222**

Garaging ZIP Code: 44102

Primary use of the vehicle: Commute

Continued

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.
Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXX
Page x of x
"Page x of x" will not print for e-sign.

	Limits	Deductible	Premium
Liability To Others			$xxx
Bodily Injury Liability	$xx,xxx each person/$xx,xxx each accident		
Property Damage Liability	$xx,xxx each accident		
Personal Injury Protection/Medical and Hospital	$xx,xxxx Medical and Hospital		
Accidental Death/Work Loss	$x,xxx Accidental Death		xx
Uninsured Motorist Bodily Injury	$xx,xxx each person/$xx,xxx each accident		xx
Underinsured Motorist	$xx,xxx each person/$xx,xxx each accident		xx
Uninsured Motorist Property Damage	Rejected		--
Comprehensive (Ex. of stated amt.)	*Actual Cash Value or Stated Amount	$xxx	xxx
Collision (Ex. of stated amt.)	*Actual Cash Value or Stated Amount	$xxx	xxx
Rental Reimbursement	$xxxxxxxxxxxxx		xx
Roadside Assistance			x

Note: The variable for Custom Parts or Equipment should be $1,000 for CPE value of $1,001 - $5,000, the Additional Custom Parts or Equipment variable will display as the CPE value declared minus $1,000. If the insured has declared a CPE value from $0-$1,000, nothing will print.

	Limits	Deductible	Premium
Custom Parts or Equipment	$1,000 included with Comprehensive or Collision		
Additional Custom Parts or Equipment	$xxxxxxx		xx
Loan/Lease Payoff			xx

Total premium for 2002 ACURA Note: General policy premium should not be included with total premium for vehicle 1.   **$xxxx**

Note: Only print the sentence below when stated amount.
*In the event of a total loss of this vehicle, the maximum amount payable is the lesser of the Actual Cash Value or the stated amount of $x,xxx.

Subtotal policy premium   **$xx**

SR 22 driver filing fee   xx

Total xx month policy premium (Note: The variable text represents either '6' or '12')   **$xxxxx**

Note: The section below prints when discounts apply to the policy. If there is only one discount listed the heading will read "Premium discount" not "Premium discounts".

Premium discounts

Policy

99999999999(For e-sign "999999" will print if available.) home owner, paid in full and multi-car

Driver (Note: Don't print any driver discounts on a driver who is not rated, who is excluded or who is list only.)

XXXX XXXXXXXXXXX   XXXXXXXXXXXXX

Vehicle

2002 ACURA MDX   vehicle tracking system

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXX

XXX   XXXXXXXXXXXXXX

Page x of x

"Page x of x" will not print for e-sign.

Note: The 'Additional policy information' section prints when there are surcharges.

Additional policy information

Policy

99999999999(For e-sign "999999" will print if available.) surcharge

Driver (Note: Don't print any driver surcharges on a driver who is not rated, who is excluded or who is list only.)

XXXX XXXXXXXXXXXX   XXXXXXXXXXXX

Vehicle

2002 ACURA MDX   surcharge

Driving history

Note: The section below prints on all applications when there is a driver with a violation and/or accident unless the driver is excluded or list only.

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports - provided by state agencies (MVR)
- Comprehensive Loss Underwriting Exchange - provided by ChoicePoint, Inc. (CLUE)

Driver	Description	Date	Source
XXXX XXXXXXXXXXXXXXX	Speeding	Jul 4, 2001	APP
XXXXX XXXXXXXXXXXXXX	Speeding	Jul 4, 2001	APP

(no points charged) "no points charged" will print when there are two or more violations that occurred on the same day. Only the violation with the highest point value will charge points. The "no points charged" verbiage will print under all other violations that occurred on that day. The "no points charged" verbiage will **always** print below the description of the ANC and ANO violations, regardless if a single occurrence.

Note: The sentence below only prints when all rated drivers have a clean driving record. The variable text represents the Brand name.

XXXXXX XXXXX uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.
Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXX
Page x of x
"Page x of x" will not print for e-sign.

Note: The section below prints the applicable questions.

Prior insurance and underwriting questions

Prior insurance: xxx (either 'yes' or 'no' answer will print here)

Prior insurance carrier: xxx (Prior insurance carrier will print if applicant has prior insurance)

Policy number: (Policy number heading and prior policy number will only print if provided)

Bodily injury limits: (Bodily injury limits heading and actual limits will only print if provided)

Comp claims: x (Comp claims apply to the state)

Not at-fault accidents: x (NAF applies to the state)

Note: The heading below prints when there is a Lienholder and Additional Interest.

Lienholder and Additional Interest information

Note: The heading below prints when there is a Lienholder only.

Lienholder information

Note: The heading below prints when there is an Additional Interest only.

Additional Interest information

Note: The sections below print the names and addresses on file for the Lienholder and Additional Interest if address is available.

Lienholder:	LP #1
	123 FIRST MAIN AL 44102
	2002 ACURA MDX (XXX999999999999999)
Lienholder:	AMERICAN SUZUKI (LOAN)
	2002 VOLKSWAGEN JETTA GL (XXX999999999999999)
Additional Interest:	ADDITIONAL INTEREST
	123 FIRST MAIN, OH 44107

Continued

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXX

XXX   XXXXXXXXXXXXXX

Page x of x

"Page x of x" will not print for e-sign.

Note: The following form prints when the limit(s) of UM selected are greater than zero but less than the limit(s) of bodily injury liability selected. Form should not print for PDO.

Rejection of Higher Limit(s) for Uninsured Motorist Coverage and Underinsured Motorist Coverage

I have been offered and I have rejected the option to purchase Uninsured Motorist Coverage and Underinsured Motorist Coverage for bodily injury in an amount equal to the limit(s) of the bodily injury liability coverage that I have selected. Instead, I elect the lower limit(s) of Uninsured Motorist Coverage or Uninsured Motorist Coverage and Underinsured Motorist Coverage for bodily injury selected below. I understand that Uninsured Motorist Coverage for bodily injury protects me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist). I understand that Underinsured Motorist Coverage for bodily injury protects me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have enough insurance (an underinsured motorist).

I understand and agree that this rejection of the higher limit(s) and election of lower limit(s) shall be binding on all persons insured under the policy, and that this election shall apply to any renewal, reinstatement, substitute, amended, or replacement policy with this company or any affiliated company, unless a named insured revokes this election or selects a different option.

Note: This will be programmed to insert an "X" in front of the limit selected. This will show all limits of UM and UIM coverage up to the selected BI limits. Pre fill for all Direct customers.

☐ $25,000 each person/$50,000 each accident

☐ $50,000 each person/$100,000 each accident

☐ $100,000 each person/$300,000 each accident

☐ $250,000 each person/$500,000 each accident

☐ $100,000 combined single limit each accident

☐ $300,000 combined single limit each accident

☐ $500,000 combined single limit each accident

For: Note: This will be programmed to insert an "X" in front of the coverage(s) selected.

☐ Uninsured Motorist Coverage Only

☐ Uninsured Motorist Coverage and Underinsured Motorist Coverage

Signature of named insured   **Date**

X ....

Form 2702 AR (09/02)

Continued

Note: For customers who e-sign, "Policy number: 9999999-9" will
print only if available.
Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXX
Page x of x
"Page x of x" will not print for e-sign.

Note: This section prints on all applications

Application agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

Continued

Note: For customers who e-sign, "Policy number: 9999999-9" will
print only if available.
Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXXX
Page x of x
"Page x of x" will not print for e-sign.

Other charges

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of $XX.XX will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of $XX.XX during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than XXX days after the premium due date. The amount of this fee may change upon policy renewal.

Note: The "Applicant signature" heading and the three paragraphs under the heading print for customers who elect to sign their application electronically.

Applicant signature

Note: First and last name of primary named insured will display in variable text field.

I represent that I, XXXXXXXXXXXXXX, am the person identified as the named insured and the first driver in the Drivers and Resident Relatives section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

Note: The signature line will appear on all applications.

Note: Pre-fill name and date for those who elect to sign electronically.

Signature of named insured   Date

X..

Form 4905 AR (12/07)

Continued

Application for Insurance

Note: The heading below will not print for customers who e-sign.

Please review, sign where indicated and return

Note: The heading below will print for customers who e-sign.

Please review and sign where indicated

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.

Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXX
                        XXX   XXXXXXXXXXXXXX
May 10, 2002
Page x of x "Page x of x" will not print for e-sign.

Note: For customers who sign the app electronically, "for policy number 99999999-9" will print if available.

Policy and premium information for policy number 99999999-9

Note: The name and address of the actual insuring entity will print below.

Insurance company:	XXXXXXXXXXXXXXXXX
	XXXXXXXXXX
	XXXXXXXXXX, XX 99999
Named insured:	XXXXX XXXXXXXXXXXXXX
	999 MAIN RD
	CLEVELAND, OH 99999
	Home: 999-999-9999

Note: The field below will print when credit has been pulled. The name and phone number of the vendor will print.

Financial responsibility vendor:	XXXXXXXXXXXXXXX
	999-999-9999

Programming note: Print "Policy period:" and "Effective date and time" with dates and times if initial payment has been made. Always print for OOSM.

Policy period:	May 10, 2002 – Nov 10, 2002

Note: If the sale date is the same as the effective date, show the effective time followed by "ET" i.e. 2:30 PM ET. If the effective date is in the future, show the time as "12:01 A.M."

Effective date and time:	May 10, 2002 at 12:01 A.M.

Programming note: Print "Effective date and time" with sentence if initial payment has NOT been made. Will not print for OOSM.

Effective date and time:	Your policy will be effective when your required ~~down~~ initial payment is submitted or at a later date of your choice.
Total policy premium:	$9,999.00
~~Down~~ Initial payment required:	$9,999.03

Programming note: Print "Initial payment received" if initial payment has been made. Always print for OOSM.

~~Down~~ Initial payment received:	$0.00
Payment plan:	xxxxx (The selected payment plan will print here)

Continued

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXX

XXX   XXXXXXXXXXXXXX

Page x of x

"Page x of x" will not print for e-sign.

Note: This section below will always print with the exception of Named Operator policies. Education level will print for the named insured and named insured's spouse when there is a valid value other than the default value of 'X'. The Education label and the variable text <u>will not print</u> if the default value is 'X'.

Drivers and resident relatives

You, your spouse and all resident relatives XX years of age or older, all regular drivers of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below.

Name	Date of birth	Sex	Marital status	Relationship
XXXX XXXXXXXXXXXXXXX	Oct 12, 1969	Male	Single	Insured

Driver status: XXXXXX

Education level: XXXXXXXXXXXXXX

Note: The section below prints only when there is a driver with a filing.

~~SR22 D~~driver filing

Name	Filing type	State	Case number
XXXXX XXXXXXXXXXXXXX	XXXXXXXXXXXXX	OH	9999999999

Note: The section below prints only when there is a named operator. The named operator field should print the insured's first and last name. The Additional information field should print 'Named insured'.

Named operator

Additional information

XXXXXXXX XXXXX

Named insured

Note: The section below will print the general policy coverages selected by the insured when there is a named operator policy.

Outline of coverage

General policy coverage	Limits	Deductible	Premium
Liability To Others			$xxx
Bodily Injury Liability	$xx,xxx each person/$xx,xxx each accident		
Property Damage Liability	$xx,xxx each accident		
Personal Injury Protection	Rejected		xx
Uninsured Motorist	Rejected		xx
Underinsured Motorist	Rejected		xx
Subtotal policy premium			**$xx**
SR 22 driver filing fee			xx
Total xx month policy premium (Note: The variable text represents either '6' or '12')			**$xxxxx**

Note: The section below prints the coverages selected by the insured. Rejected coverages that require a signature will also print below with the exception of PDO policies. This section will not print for Named Operator policies.

Outline of coverage

Note: The message below regarding policy limits needs to print directly underneath the "Outline of coverage" heading when there is more than one vehicle on the policy and at least one vehicle has Liability coverage. This message will not appear when every vehicle on the policy is PDO or when the policy is a Named Operator policy.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Note: The vehicle information should not print when a policy is a named operator.

2002 ACURA MDX 4 DOOR MPV

VIN: **XXX22222222222222**

Garaging ZIP Code: 44102

Primary use of the vehicle: Commute

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.
Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXXX
Page x of x
"Page x of x" will not print for e-sign.

	Limits	Deductible	Premium
Liability To Others			$xxx
Bodily Injury Liability	$xx,xxx each person/$xx,xxx each accident		
Property Damage Liability	$xx,xxx each accident		
Personal Injury Protection/Medical and Hospital	$xx,xxxx Medical and Hospital		
Accidental Death/Work Loss	$x,xxx Accidental Death		xx
Uninsured Motorist Bodily Injury	$xx,xxx each person/$xx,xxx each accident		xx
Underinsured Motorist	$xx,xxx each person/$xx,xxx each accident		xx
Uninsured Motorist Property Damage	Rejected		--
Comprehensive (Ex. of stated amt.)	*Actual Cash Value or Stated Amount	$xxx	xxx
Collision (Ex. of stated amt.)	*Actual Cash Value or Stated Amount	$xxx	xxx
Rental Reimbursement	$xxxxxxxxxxxxx		xx
Roadside Assistance			x

Note: The variable for Custom Parts or Equipment should be $1,000 for CPE value of $1,001 - $5,000, the Additional Custom Parts or Equipment variable will display as the CPE value declared minus $1,000. If the insured has declared a CPE value from $0-$1,000, nothing will print.

	Limits	Deductible	Premium
Custom Parts or Equipment	$1,000 included with Comprehensive or Collision		
Additional Custom Parts or Equipment	$xxxxxxxx		xx
Loan/Lease Payoff			xx
Total premium for 2002 ACURA Note: General policy premium should not be included with total premium for vehicle 1.			**$xxxx**

Note: Only print the sentence below when stated amount.
*In the event of a total loss of this vehicle, the maximum amount payable is the lesser of the Actual Cash Value or the stated amount of $x,xxx.

Subtotal policy premium			**$xx**
SR 22 driver filing fee			xx
Total xx month policy premium (Note: The variable text represents either '6' or '12')			**$xxxxx**

Note: The section below prints when discounts apply to the policy. If there is only one discount listed the heading will read "Premium discount" not "Premium discounts".

Premium discounts

Policy

99999999999(For e-sign "999999" will print if available.) home owner, paid in full and multi-car

Driver (Note: Don't print any driver discounts on a driver who is not rated, who is excluded or who is list only.)

XXXX XXXXXXXXXXXX   XXXXXXXXXXXXX

Vehicle

2002 ACURA MDX   vehicle tracking system

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXX

XXX   XXXXXXXXXXXXXX

Page x of x

"Page x of x" will not print for e-sign.

Note: The 'Additional policy information' section prints when there are surcharges.

Additional policy information

Policy
....

99999999999(For e-sign "999999" will print if available.) surcharge

Driver (Note: Don't print any driver surcharges on a driver who is not rated, who is excluded or who is list only.)
....

XXXX XXXXXXXXXXXX   XXXXXXXXXXXX

Vehicle
....

2002 ACURA MDX   surcharge

Driving history

Note: The section below prints on all applications when there is a driver with a violation and/or accident unless the driver is excluded or list only.

Please review the following information carefully because ~~your~~ driving history ~~from the last 35 months~~ is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that proves the accident was not-at-fault. We obtain ~~your~~ driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports - provided by state agencies (MVR)
- Comprehensive Loss Underwriting Exchange - provided by Choice~p~Point, Inc. (CLUE)

Driver	Description	Date	Source
XXXX XXXXXXXXXXXXXXX	Speeding	Jul 4, 2001	APP
XXXXX XXXXXXXXXXXXXX	Speeding	Jul 4, 2001	APP

(no points charged) "no points charged" will print when there are two or more violations that occurred on the same day. Only the violation with the highest point value will charge points. The "no points charged" verbiage will print under all other violations that occurred on that day. The "no points charged" verbiage will **always** print below the description of the ANC and ANO violations, regardless if a single occurrence.

Note: The sentence below only prints when all rated drivers have a clean driving record. The variable text represents the Brand name.

XXXXXX XXXXX uses ~~your~~ driving history ~~from the past 35 months~~ to determine your rate. There are no accidents or violations for drivers on this policy.

Continued

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.
Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXXX
Page x of x
"Page x of x" will not print for e-sign.

Note: The section below prints the applicable questions.

Prior insurance and underwriting questions

Prior insurance: xxx (either 'yes' or 'no' answer will print here)

Prior insurance carrier: xxx (Prior insurance carrier will print if applicant has prior insurance)

Policy number: (Policy number heading and prior policy number will only print if provided)

Bodily injury limits: (Bodily injury limits heading and actual limits will only print if provided)

Comp claims: x (Comp claims applies to the state)

Not at-fault accidents: x (NAFs applies to the state)

Note: The heading below prints when there is a Lienholder and Additional Interest.

Lienholder and aAdditional iInterest information

Note: The heading below prints when there is a Lienholder only.

Lienholder information

Note: The heading below prints when there is an Additional Interest only.

Additional Interest information

We will send certain notices such as coverage summaries and cancellation notices to the following:

Note: The sections below print the names and addresses on file for the Lienholder and Additional Interest if address is available.

Lienholder:	LP #1
	123 FIRST MAIN AL 44102
	2002 ACURA MDX (XXX999999999999999)
Lienholder:	AMERICAN SUZUKI (LOAN)
	2002 VOLKSWAGEN JETTA GL (XXX999999999999999)
Additional Interest:	ADDITIONAL INTEREST
	123 FIRST MAIN, OH 44107

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXX

XXX   XXXXXXXXXXXXXX

Page x of x

"Page x of x" will not print for e-sign.

Note: The following form prints when the limit(s) of UM selected are greater than zero but less than the limit(s) of bodily injury liability selected. Form should not print for PDO.

Rejection of Higher Limit(s) for Uninsured Motorist Coverage and Underinsured Motorist Coverage

I have been offered and I have rejected the option to purchase Uninsured Motorist Coverage and Underinsured Motorist Coverage for bodily injury in an amount equal to the limit(s) of the bodily injury liability coverage that I have selected. Instead, I elect the lower limit(s) of Uninsured Motorist Coverage or Uninsured Motorist Coverage and Underinsured Motorist Coverage for bodily injury selected below. I understand that Uninsured Motorist Coverage for bodily injury protects me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist). I understand that Underinsured Motorist Coverage for bodily injury protects me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have enough insurance (an underinsured motorist).

I understand and agree that this rejection of the higher limit(s) and election of lower limit(s) shall be binding on all persons insured under the policy, and that this election shall apply to any renewal, reinstatement, substitute, amended, or replacement policy with this company or any affiliated company, unless a named insured revokes this election or selects a different option.

Note: This will be programmed to insert an "X" in front of the limit selected. This will show all limits of UM and UIM coverage up to the selected BI limits. Pre fill for all Direct customers.

☐ $25,000 each person/$50,000 each accident

☐ $50,000 each person/$100,000 each accident

☐ $100,000 each person/$300,000 each accident

☐ $250,000 each person/$500,000 each accident

☐ $100,000 combined single limit each accident

☐ $300,000 combined single limit each accident

☐ $500,000 combined single limit each accident

For: Note: This will be programmed to insert an "X" in front of the coverage(s) selected.

☐ Uninsured Motorist Coverage Only

☐ Uninsured Motorist Coverage and Underinsured Motorist Coverage

Signature of named insured   **Date**

X ....

Form 2702 AR (09/02)

Continued

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.
Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXXX
Page x of x
"Page x of x" will not print for e-sign.

Note: This section prints on all applications

Application agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used to ~~pick up or deliver~~ carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food ~~(including pizza), or any other products~~. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Notice of information practices

~~I acknowledge that the Company and its affiliates may collect information from consumer reporting agencies, such as driving record, and claims and credit history reports. The Company may use a credit-based insurance score based on the information contained in that credit history report. This information will be used to underwrite my insurance and provide an accurate quote in an appropriate underwriting company. I authorize the Company and its affiliates to obtain future reports to update or renew the insurance or to offer replacement insurance. If there is an adverse action based on credit information, the Company offers an internal appeals process by contacting Policy Services.~~

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

Continued

Note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.
Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXX
Page x of x
"Page x of x" will not print for e-sign.

Other charges

I understand that I will be charged a **$XX.XX cancellation fee** if, during the first policy period, I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. After the first policy period, I understand that the Company will not charge any cancellation fees.

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. I also understand that the amount of these fees may change if my premium is increased due to inaccurate or incomplete information in this application. Any change in the amount of installment fees will be reflected on my payment schedule.

Note: Unbold all fee amounts.

I understand that a returned payment fee of $XX.XX will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of $XX.XX during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than XXX days after the premium due date. The amount of this fee may change upon policy renewal.

Note: The "Applicant signature" heading and the three paragraphs under the heading print for customers who elect to sign their application electronically.

Applicant signature

Note: First and last name of primary named insured will display in variable text field.

I represent that I, XXXXXXXXXXXXXX, am the person identified as the named insured and the first driver in the Drivers and Resident Relatives section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application., and this application will be securely stored, as it is presented here, if I purchase this policy. I also understand that if I do not electronically sign this application, it will not be processed.

Note: The signature line will appear on all applications.

Note: Pre-fill name and date for those who elect to sign electronically.

Signature of Nnamed Iinsured   **Date**

X...

Form 4905 AR (01/05) (12/07)

Continued

Policy number: xxxxxxxx-x
xxxxxx xxxxxxx
xxxxxx xxxxxxx
Page x of x

Cancellation Refund Endorsement

Your policy is amended as follows:

Cancellation Refund

The Cancellation Refund provision is deleted in its entirety and replaced by the following.

Upon cancellation, **you** may be entitled to a premium refund. However, **our** making or offering of a refund is not a condition of cancellation.

If this policy is canceled, any refund due will be computed on a daily pro-rata basis.

All other terms, limits and provisions of this policy remain unchanged.

Form Z357 (01/07)

SERFF Tracking Number:	*PRGS-125376181*	*State:*	*Arkansas*
Filing Company:	*Progressive Direct Insurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*L071064-AR-AU-D*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*Auto*		
Project Name/Number:	*DDA Application 4905 & Cancellation Refund End Z357/L071064-AR-AU-D*		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	*PRGS-125376181*	*State:*	*Arkansas*
Filing Company:	*Progressive Direct Insurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*L071064-AR-AU-D*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*Auto*		
Project Name/Number:	*DDA Application 4905 & Cancellation Refund End Z357/L071064-AR-AU-D*		

Supporting Document Schedules

Review Status:

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	12/04/2007

Comments:

Attachment:

NAIC P&C Transmittal Doc.pdf

Property & Casualty Transmittal Document

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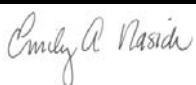<tr><td colspan="2">1 .   Reserved for Insurance Dept. Use Only</td><td colspan="2">2. Insurance Department Use only</td></tr>
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<tr><td colspan="2">b. Analyst:</td></tr>
<tr><td colspan="2">c. Disposition:</td></tr>
<tr><td colspan="2">d. Date of disposition of the filing:</td></tr>
<tr><td colspan="2">e. Effective date of filing:</td></tr>
<tr><td>New Business</td><td></td></tr>
<tr><td>Renewal Business</td><td></td></tr>
<tr><td colspan="2">f.   State Filing #:</td></tr>
<tr><td colspan="2">g. SERFF Filing #:</td></tr>
<tr><td colspan="2">h. Subject Codes</td></tr>
</table>

3.	Group Name	Group NAIC #
	The Progressive Group of Insurance Companies	155

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Progressive Direct Insurance Company	OH	16322	34-1524319	

5.	Company Tracking Number	L071064-AR-AU-D

Contact Info of Filer(s) or Corporate Officer(s)   [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Emily A. Vlasich 6300 Wilson Mills Rd, N72B Mayfield Village, OH 44143	Corporate Counsel	440-395-2456	440-395-3790	Emily_A_Vlasich@ Progressive.com
7.	Signature of authorized filer	*Emily A. Vlasich*			
8.	Please print name of authorized filer	Emily A. Vlasich			

Filing information   (see General Instructions for descriptions of these fields)

9.	**Type of Insurance (TOI)**	19.0 Personal Auto
10.	**Sub-Type of Insurance (Sub-TOI)**	19.0003 Private Passenger Auto
11.	**State Specific Product code(s)**(if applicable)[See State Specific Requirements)	N/A
12.	**Company Program Title** (Marketing title)	N/A
13.	**Filing Type**	[ ] Rate/Loss Cost [ ] Rules [ ] Rates/Rules [X] Forms [ ] Combination Rates/Rules/Forms [ ] Withdrawal [ ] Other (give description)
14.	**Effective Date(s) Requested**	New: 02-22-2008 Renewal:
15.	**Reference Filing?**	[ ] Yes [X] No
16.	**Reference Organization** (if applicable)	N/A
17.	**Reference Organization # & Title**	N/A
18.	**Company's Date of Filing**	12-04-2007
19.	**Status of filing in domicile**	[x] Not Filed [ ] Pending [ ] Authorized [ ] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	L071064-AR-AU-D

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Included in this filing are the above-referenced forms for your review and approval. The proposed effective date is **February 22, 2008**. We will notify you if this date changes.

The **Arkansas Direct Application – Form 4905 AR (12/07)** replaces Form 4905 AR (01/05) that was approved on April 22, 2005 in your File # AR-PC-05-014386. A comparison document is included to assist with your review.

The **Cancellation Refund Endorsement – Form Z357 (01/07)** will modify the Arkansas Auto Policy, Forms 9610A AR (05/07) and 9610D AR (05/07), which were approved on December 3, 2007, in Arkansas File # AR-PC-07-026393. This endorsement changes the cancel refund methodology by eliminating the policy fee and providing that all refunds will be made on a daily pro-rata basis.

22.	**Filing Fees** (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: $50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		L071064-AR-AU-D		
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	N/A			

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Arkansas Direct Application	4905 AR (12/07)	[ ] New [X] Replacement [ ] Withdrawn	4905 AR (01/05)	AR-PC-05-014386
02	Cancellation Refund Endorsement	Z357 (01/07)	[X] New [ ] Replacement [ ] Withdrawn		
03			[ ] New [ ] Replacement [ ] Withdrawn		
04			[ ] New [ ] Replacement [ ] Withdrawn		
05			[ ] New [ ] Replacement [ ] Withdrawn		
06			[ ] New [ ] Replacement [ ] Withdrawn		
07			[ ] New [ ] Replacement [ ] Withdrawn		
08			[ ] New [ ] Replacement [ ] Withdrawn		
09			[ ] New [ ] Replacement [ ] Withdrawn		
10			[ ] New [ ] Replacement [ ] Withdrawn		

PC FFS-1